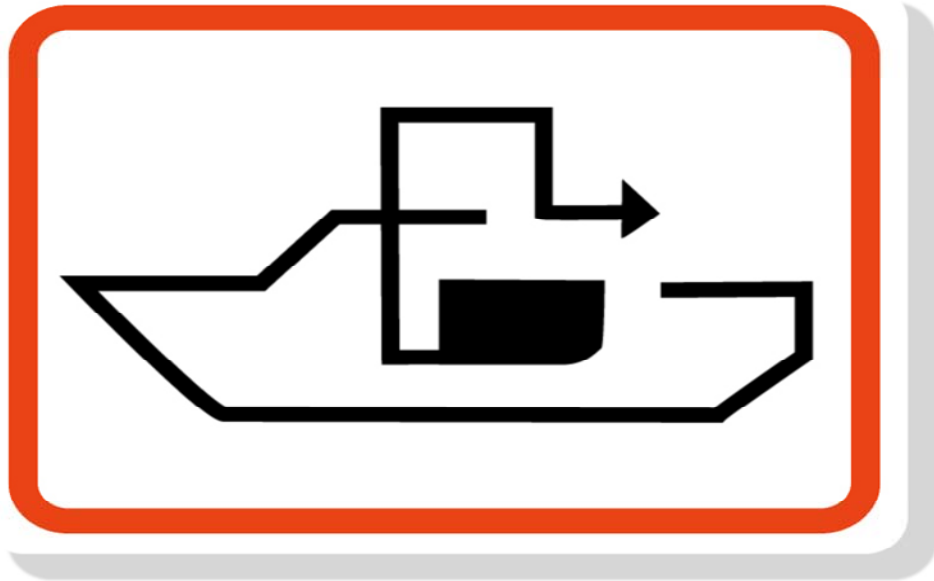


Clean Vessel Act Program Grant Application



STATE OF INDIANA

IN PARTNERSHIP WITH THE U.S. FISH AND WILDLIFE SERVICE

THROUGH THE

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner, IDEM

We make Indiana a cleaner, healthier place to live

Background

What is the Clean Vessel Act Program?

The Indiana Department of Environmental Management (IDEM) has been awarded a grant from the U.S. Fish and Wildlife Service to implement the Clean Vessel Act Pumpout Program. The Pumpout Program provides funding to state approved private and public marinas for the installation and restoration of boat sewage pumpouts and portable toilet dump stations.

Why Use a Pumpout?

As the number of boaters increase, the threat of serious water pollution becomes greater. The potential source of that pollution is from dumping raw boat sewage into the water. Discharging boat sewage causes:

- disease-carrying microorganisms that contaminate our waters
- decreases oxygen levels in the water, which can lead to fish kills
- contaminates edible shellfish with harmful bacteria that can cause illness when eaten
- Reduces the aesthetic quality and scenic enjoyment of our waters.

By using boat sewage pumpouts, we can improve and protect Indiana's water quality.

Who is Eligible?

The Clean Vessel Act grant funds are available to all local governmental entities and private businesses that own and operate boating facilities that are open to the general public.

What Does the Grant Cover?

Should this application be approved by the State of Indiana, the grant will reimburse recipients for up to 75% of the installed cost of the pumpout and/or dump stations. This includes the cost of new equipment, or the renovation of existing equipment, as well as necessary pumps, piping, lift stations, on-site holding tanks, pier or dock modifications, signs, permits, and other miscellaneous equipment needed for a complete and efficient station.

The grant will **not** pay for the construction or renovation of onshore restroom facilities, or sewage treatment plants, including septic tanks, leach fields, private and municipal treatment plants, and other special treatment devices. The applicant will also be responsible for any cost overruns.

What Does it Cost Me?

As a grant recipient you are responsible for at least 25% of the approved project costs of the pumpout and dump station facilities. This 25% match can be cash, the fair market value of any labor or materials provided, or a combination thereof.

What are My Responsibilities Under this Program?

Your responsibilities under the grant program are:

- All recreational vessels must have access to the pumpout and dump stations funded under this grant program. The grant recipient shall guarantee that the facilities will be operated, maintained, and be accessible to all recreation vessels for the full period of their useful life.
- A sign depicting the national pumpout symbol shall be installed so as to be clearly visible to boaters.
- An informational sign shall be installed at pumpout and dump stations. The sign information should specify fees, restrictions, hours of operation, operating instructions, and a contact name and telephone number to call if the facility is inoperable.

The sign shall also acknowledge that the facility was constructed or improved with funds from the Sport Fish Restoration Program, through the Indiana Department Environmental Management.

Who to Call

Office of Pollution Prevention & Technical Assistance, (317) 232-8172 or (800) 988-7901



CLEAN VESSEL ACT PROGRAM GRANT APPLICATION

State Form 53432 (11-07)
Indiana Department of Environmental Management

Office of Pollution Prevention and Technical Assistance
100 North Senate Avenue, MC 64-03
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
Fax: (317) 233-5627

INSTRUCTIONS: For assistance please call the Office of Pollution Prevention and Technical Assistance (800-988-7901). Please print or type.

I. Applicant Information

Marina Information

Marina Name:			
Location and Address:			
Web Site Address:			
Phone Number:		Federal ID Number:	
Fax Number:		State EIN Number:	
Manager's Name:			
E-Mail Address:		Cell Phone Number:	

II. Proposal Information

Project Information

Location of Proposed Pumpout: <input type="checkbox"/> Fuel Dock <input type="checkbox"/> All Slips <input type="checkbox"/> New Dock <input type="checkbox"/> Portable (goes to boats) <input type="checkbox"/> On Bulkhead <input type="checkbox"/> Other		Type of Proposed Pumpout: <input type="checkbox"/> Portable Unit on Wheels <input type="checkbox"/> Dump Station <input type="checkbox"/> Stationary Unit <input type="checkbox"/> Multi-Station System <input type="checkbox"/> Repair or Upgrade Unit	
Type of Facility: <input type="checkbox"/> Marina <input type="checkbox"/> Boatyard <input type="checkbox"/> Yacht Club <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Mooring Field <input type="checkbox"/> Other		Type of Pumpout Project: <input type="checkbox"/> Renovation of Old Pumpout <input type="checkbox"/> Expansion to Existing Pumpout System <input type="checkbox"/> First Time Pumpout Acquisition <input type="checkbox"/> Educational Materials <input type="checkbox"/> New Construction requiring additional Pumpouts	
Marina's County:		Marina's Township:	
Estimated Number of Vessels to be Served Per Year:		Number of Slips:	
Estimated Time to Complete Project:		Closest Pumpout:	Miles

Brief Summary of the Scope of Work*

* Please attach any additional summary on a separate sheet titled Scope of Work.

Proposed Project Budget*	Brief Description	Units	Estimated Cost
Pumpout Cost			
Pumpout Purchase			
Vendor			
Model Number			
Non Pumpout Cost			
Permitting			
Engineering Costs			
Hook Ups			
Trenching / Hook-Up			
Storage Tank			
Information (signs, brochures, education)			
Other			
*Attach copy of all bids and estimates for this proposal.	Total Proposed Project Cost—100%		
	Applicant Cash or In-Kind Match—25%		
	Total Grant Funds Requested—75%		

III. Requested List of Attachments

Please Provide Attachments if Available*	Attached
Area map—General area of Indiana where marina is located. (Google or state map)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site map—County or city map showing where marina is located. (Google or county/city map)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Three suppliers or contractor estimates—Cost of each major components of the project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photograph of the site where project will be located.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project site plan—Showing the layout of the marina and location of the components. (blueprints, drawing, or specifications)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this project use solar technology or environmentally friendly materials	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Should you need any assistance in attaining maps or need clarification please feel free to contact your Grant Coordinator listed below.

IV. Grant Conditions

You Agree to the Following Conditions	
To be open for reasonable time periods and accessible to the general public.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use the items listed in the Grant Application for their intended purpose.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide matching funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Install appropriate information signs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give public credit to the Indiana Department of Environmental Management in conjunction with the United States Fish & Wildlife Services as the source of funding for the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter into a Contractual Arrangement with the State of Indiana	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understand that you must incur 100% of approved cost of Pumpouts up front.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absorb the balance should the project end up costing more than the amounts in the Grant Application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charge reasonable rates for these services. (maximum \$5.00)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comply with the requirements of the Americans with Disabilities Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Signature

Applicant Signature		
I certify that all statements on this form and the attachments hereto are true, complete, and accurate to the best of my knowledge.		
Print/Type Name	Date	Title
Applicant Signature		Marina Facility

Mail Completed Application with Attachments To:	
Department:	Indiana Department of Environmental Management Office of Pollution Prevention & Technical Assistance
Grant Coordinator:	CVA Grant Coordinator
Office Address:	100 North Senate Avenue MC 64-03 IGCS W041 Indianapolis, IN 46204-2251
Phone Number:	800-988-7901
Fax Number:	317-233-5627